SHEBOYGAN COMPREHENSIVE HEALTH CENTER - IMD

\*

N3790 COUNTY RD VN

SHEBOYGAN FALLS 53085 Ownershi p: Phone: (920) 467-4648 County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled - IMD Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 90 No Total Licensed Bed Capacity (12/31/01): 94 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 67 Average Daily Census: 74

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	16. 4
Supp. Home Care-Personal Care	No				)	1 - 4 Years	34. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	40.3	More Than 4 Years	49. 3
Day Services	No	Mental Illness (Org./Psy)	26. 9	65 - 74	25. 4		
Respite Care	No	Mental Illness (Other)	73. 1	75 - 84	23. 9		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	10. 4	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	0.0	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	0.0	İ		Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0.0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	59. 7		
Transportation	No	Cerebrovascul ar	0.0			RNs	13. 1
Referral Service	No	Diabetes	0.0	Sex	% j	LPNs	15. 5
Other Services	No	Respi ratory	0.0		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	40.3	Ai des, & Orderlies	64. 4
Mentally Ill	Yes	İ		Female	59. 7		
Provi de Day Programming for		İ	100.0		j		
Developmentally Disabled	Yes	j			100. 0		
*******************	****	, ************	*****	, *******	*********	***********	*****

\*

## Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)		0ther			Pri vate Pay			Family Care		Managed Care							
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of s All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	0	0.0	0	27	<b>75.</b> 0	101	24	88. 9	215	3	<b>75.</b> 0	200	0	0.0	0	0	0.0	0	54	80. 6
Intermediate				9	<b>25.</b> 0	84	3	11. 1	215	1	<b>25.</b> 0	200	0	0.0	0	0	0.0	0	13	19. 4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		36	100. 0		27	100. 0		4	100.0		0	0.0		0	0.0		67	100.0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	tions, Services, ar	nd Activities as of 12	/31/01
Deaths During Reporting Period	[						
		ľ			% Needi ng		Total
Percent Admissions from:		Activities of	%	As	ssistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	0ne	e Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	28. 4		61. 2	10. 4	67
Other Nursing Homes	0.0	Dressi ng	43. 3		<b>52</b> . <b>2</b>	4. 5	67
Acute Care Hospitals	10.6	Transferring	61. 2		28. 4	10. 4	67
Psych. HospMR/DD Facilities	89. 4	Toilet Use	46. 3		46. 3	7. 5	67
Rehabilitation Hospitals	0.0	Eati ng	77. 6		14. 9	7. 5	67
Other Locations	0.0	**************	**********	*****	*******	********	******
Total Number of Admissions	47	Conti nence		%	Special Treatmen	its	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	1. 5	Receiving Resp	oiratory Care	1. 5
Private Home/No Home Health	12. 7	Occ/Freq. Incontinen	t of Bladder	49. 3	Recei vi ng Trac	cheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	20.9	Receiving Suct	i oni ng	0. 0
Other Nursing Homes	5. 5	_			Receiving Osto	omy Care	0. 0
Acute Care Hospitals	16. 4	Mobility			Recei vi ng Tube	Feedi ng	0. 0
Psych. HospMR/DD Facilities	38. 2	Physically Restraine	d	10. 4	Receiving Mech	anically Altered Diet	s 44.8
Rehabilitation Hospitals	0.0						
Other Locations	21.8	Skin Care			Other Resident (	Characteri sti cs	
Deaths	5. 5	With Pressure Sores		1. 5	Have Advance D	i recti ves	44. 8
Total Number of Discharges		With Rashes		7. 5	Medi cati ons		
(Including Deaths)	55	ĺ			Receiving Psyc	choactive Drugs	100. 0

Ownershi p: Bed Size: Li censure: Government 50-99 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 66. 9 81.4 0.82 85. 1 0.79 84.3 0.79 84. 6 0.79 Current Residents from In-County 86. 6 84. 1 1.03 80. 0 1. 08 82.7 1.05 77. 0 1. 12 Admissions from In-County, Still Residing 21.3 32.4 0.66 20. 9 1. 02 21.6 0.99 20.8 1.02 Admissions/Average Daily Census 63.5 64.0 0.99 144.6 0.44 137. 9 0.46 128. 9 0.49 Discharges/Average Daily Census 74.3 66. 7 144.8 0.51 139. 0 0.53 130. 0 0.57 1. 11 Discharges To Private Residence/Average Daily Census 9. 5 19. 2 0.49 60. 4 0.16 55. 2 0.17 52.8 0.18 Residents Receiving Skilled Care 80.6 85.0 0.95 90. 5 0.89 91.8 0.88 85. 3 0.95 Residents Aged 65 and Older **59**. 7 84. 3 0.71 94. 7 0.63 92. 5 87. 5 0.65 0.68 Title 19 (Medicaid) Funded Residents 53.7 77.7 0.69 58. 0 0.93 64.3 0.84 68. 7 0.78 Private Pay Funded Residents 32.0 25.6 22. 0 6.0 16.8 0.35 0.19 0. 23 0. 27 Developmentally Disabled Residents 3. 2 0.00 0.9 0.00 1. 2 7. 6 0.00 0.0 0.00 Mentally Ill Residents 100 56. 2 1.78 33. 8 2.95 37. 4 2.68 33. 8 2.96 General Medical Service Residents 15. 4 0.00 18. 3 0.00 21. 2 0.00 19. 4 0.00 0.0 49.3 Impaired ADL (Mean) 29.0 49. 2 0.59 48. 1 0.60 49.6 0.58 0.59 Psychological Problems 100 65. 9 1. 52 51.0 1.96 54. 1 1.85 51. 9 1. 93 Nursing Care Required (Mean) 6.9 7.3 0.94 7. 6 0.91 6. 0 1. 14 6. 5 1.06